

Retinopathy of Prematurity: Future Vision and Challenges

I read with interest the paper by Chaudhari, *et al.*(1) in the March 2009 issue of *Indian Pediatrics* and would like to congratulate the authors for broaching and researching on retinopathy of prematurity (ROP). Oxygen administration, septicemia and apnea were found to be the significant risk factors reported. This is in agreement with a retrospective study from Pakistan at a tertiary care centre where sepsis, duration of supplemental oxygen therapy, mechanical ventilation and respiratory distress syndrome were found to be significantly associated with the development of ROP(2). In a study from a tertiary care centre in Nepal, oxygen supplementation was identified as an independent risk factor for ROP(3). It is important to collect more data from the developing world to quantify the true burden of this disease. This should dictate the future resources allocated for this problem. Meanwhile, the need for

the development and execution of an effective and successful screening program in developing countries can not be overemphasized.

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Bovine Colostrum in those with Immunodeficiency

Pediatricians often meet the challenge of taking care of children with recurrent infections. Gastrointestinal and respiratory infections are the causes of recurrent morbidity and significant mortality among children in developing countries. IgA is important in protecting the surface tracts like digestive and respiratory tracts and IgA deficiency, even though often transient, is the most common immunodeficiency(1). The use of bovine colostrum rich in IgA is being advised in children for prevention and treatment of various conditions(2). The rationale behind this is the fact that secretory IgA (SIgA) can resist proteolytic degradation and can survive in the

harsh environments of digestive and respiratory tracts. As it is abundant in secretions like tears, saliva and mucosal linings, it is also the first antibody to come in contact with different antigens(1). Bovine and human SIgA is found to be homologous and colostrum have identified as a rich source of SIgA(2). SIgA is said to act as blocking and neutralizing antibody and also inhibit potential harmful activation of proinflammatory B pathway in the epithelium and enhance stromal clearance of antigen-NF that has breached the mucosal barrier(3). However, in those with IgA deficiency, there may be potential harmful IgG antibodies against cows' milk and ruminant serum proteins and against IgA. If the anti-IgA antibodies are of the IgE type, there may be fatal anaphylactic reactions after transfusion of blood and blood products(1). Hence, only specially washed RBCs or blood from IgA deficient